



Transforming Healthcare Education and Clinical Practice on Accountable Care Team Units: Optimizing Outcomes for Patients, Clinicians, and Students

**DESCRIPTION OF A PROJECT AND OUTCOMES IN
PARTNERSHIP WITH THE IU SCHOOL OF NURSING,
IU SCHOOL OF MEDICINE AND IU HEALTH**

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Objectives of the Presentation



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- Describe the Accountable Care Team (ACT) model for interprofessional collaborative practice.
- Discuss the implementation of interprofessional collaborative practice with the ACT model on acute care units : patient care delivery, continuous quality improvement, and student engagement.
- Review the patient, clinician, and student outcomes achieved on the ACT model, including lessons learned.



Four Grant Objectives: Three Relate to the Accountable Care Team Units



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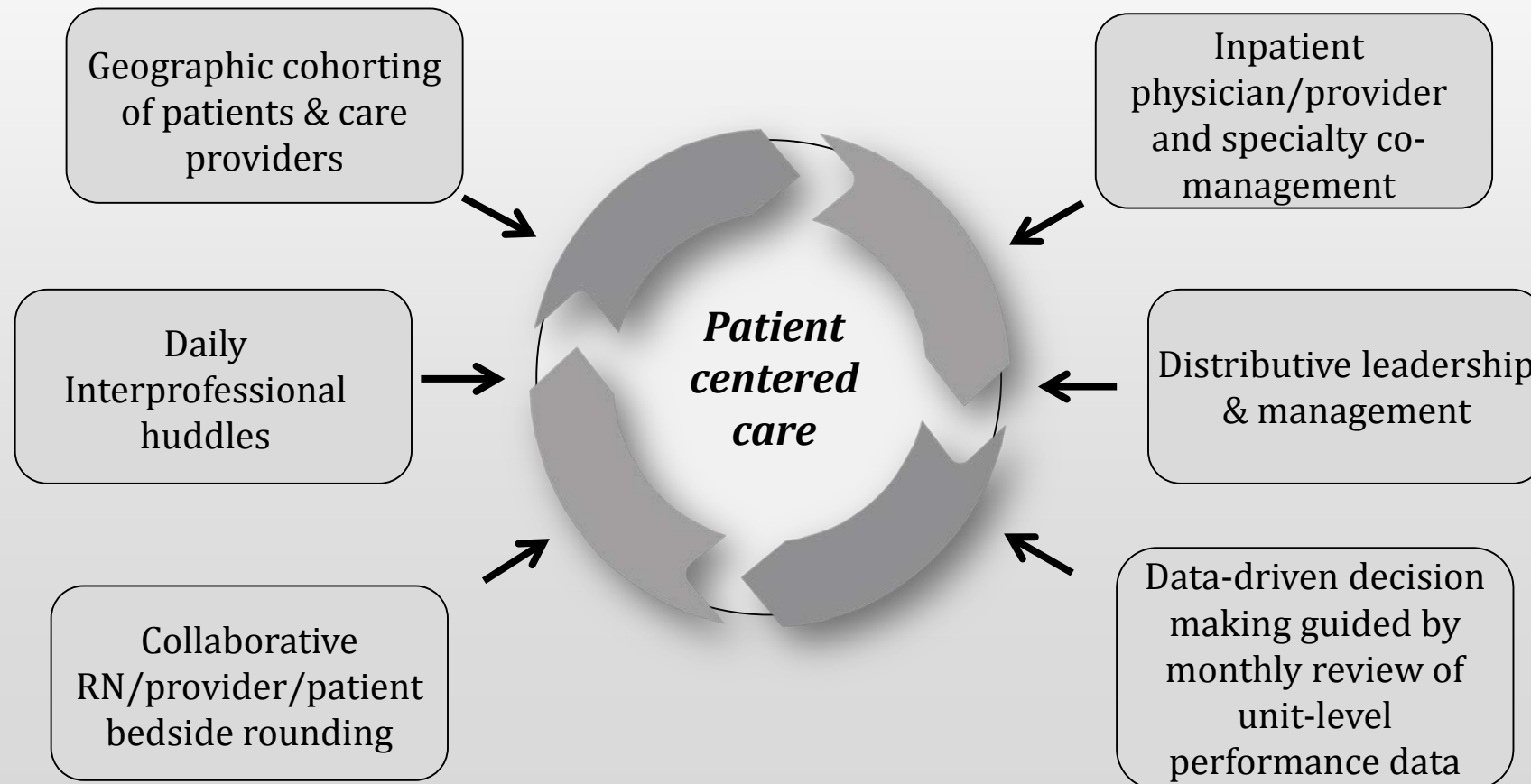
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1. Describe the application of interprofessional collaborative practice in an urban acute medical care setting by refining an existing Accountable Care Unit (ACU) model.
2. Describe the application of interprofessional collaborative competencies in rural, community-based primary care settings.
3. Develop emerging nurse leaders prepared to practice in IPCP environments in acute and primary healthcare settings through a nursing leadership program at IUSON.
4. Increase the number of interprofessional education and clinical opportunities in urban and rural IPCP environments for nursing students, medical students/residents, and other selected health professional students.



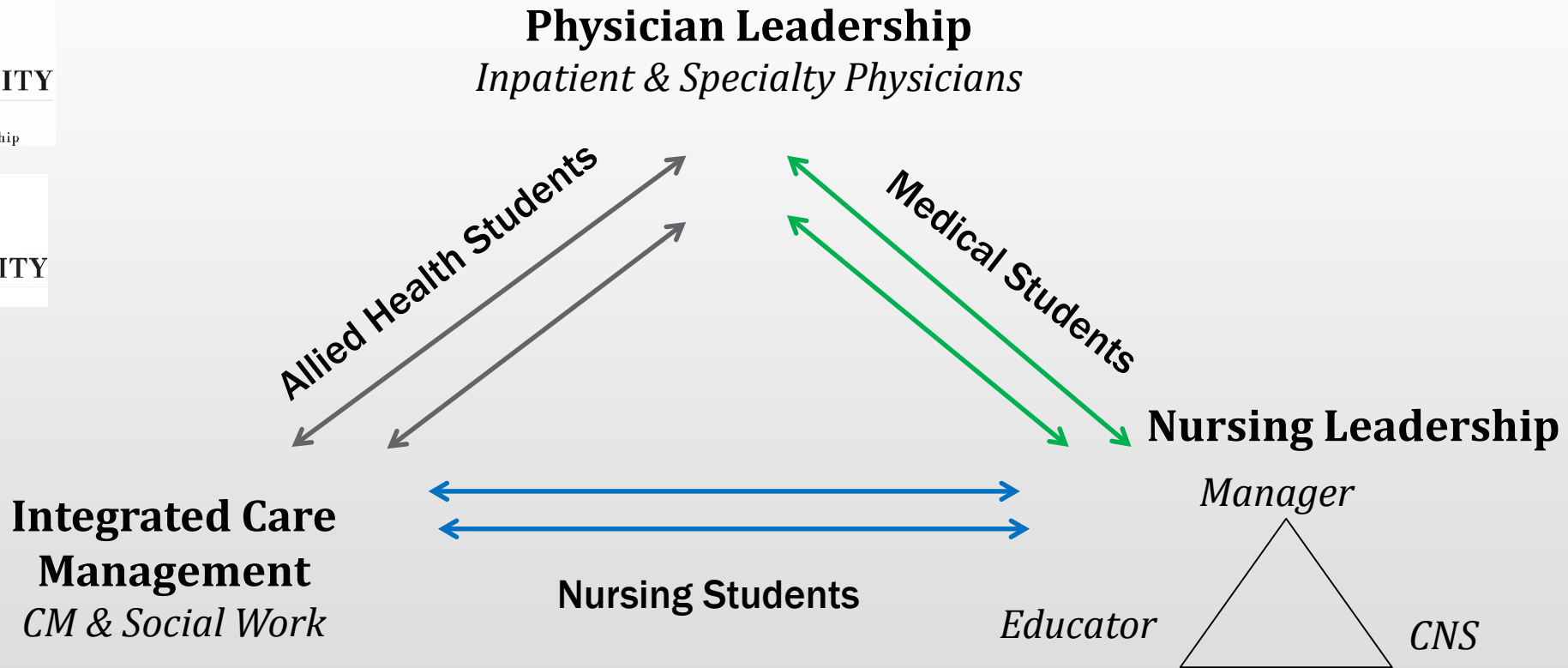
Accountable Care Team : *Foundational Elements*

Accountable Care Team : A geographically defined care team (Inpatient, ED, OR) accepting accountability, responsibility, and ultimately ownership for patient outcomes.





Distributive Leadership: Fostering a Collaborative Unit-Based Team Environment



*Unit management and decision making
providing operational and quality/safety performance improvement
guided by unit level performance outcomes*



Daily Interprofessional Huddles

✓ Goal: Every Patient Every Day!



Focus is on discharge barriers, risks for readmission, and plans for transitional care

Team Responses on how the ACT has made a difference in their daily work:

- Patient care is improved due to better communication and common goals
- Role clarification and stronger relationships with each other
- Brings issues up sooner to be addressed making discharge planning easier
- Willingness and engagement to try different initiatives
- It's a culture change—a different environment of collaboration



Patient-Centered Collaborative Rounding

Patient Responses from experience with Bedside Rounds in the ACT environment:

- “Rounding was very helpful. Having everyone in the room made you feel like everyone was concerned for your health.”
- “If everyone is on the same page then there is less room for error.”

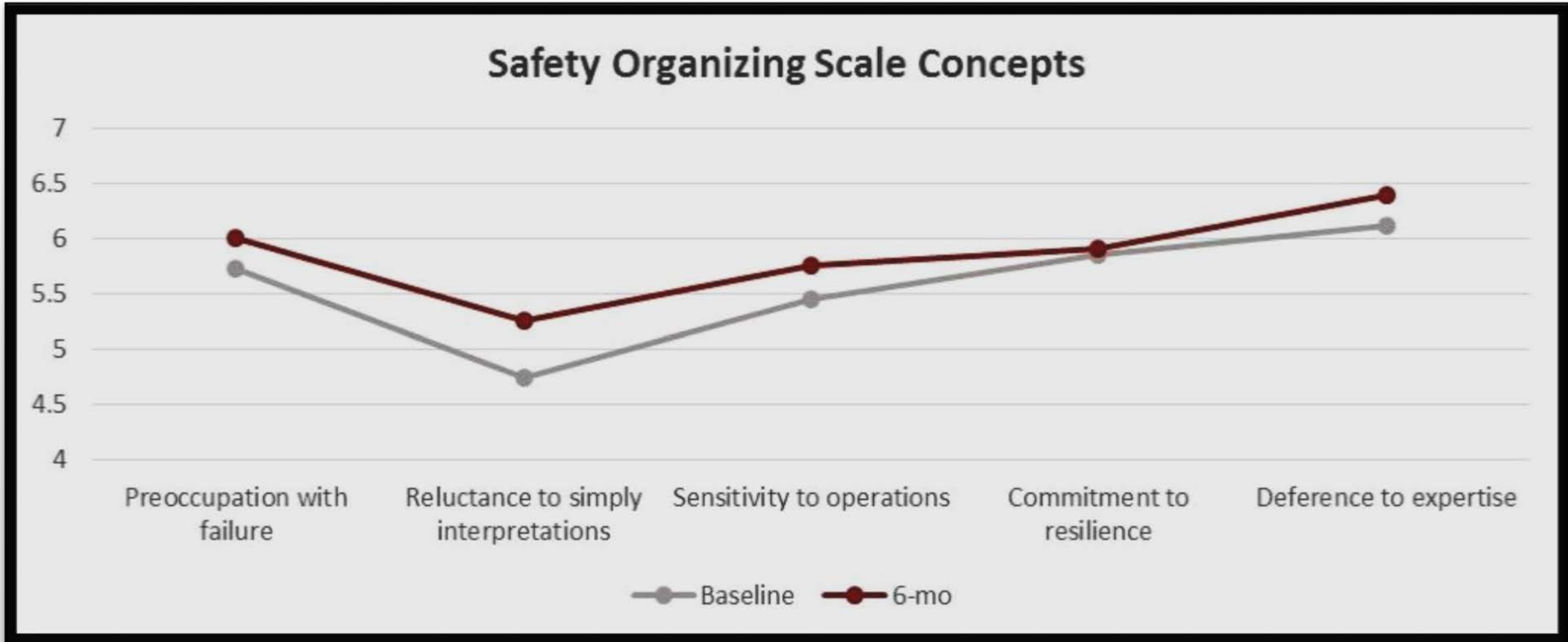


Focus is on clinical progress, plan of care, immediate goals, status of lines, Foleys, & VTE prophylaxis, and safety concerns (e.g. falls)

Includes the physician/provider + the direct care RN + patient/family (at minimum)

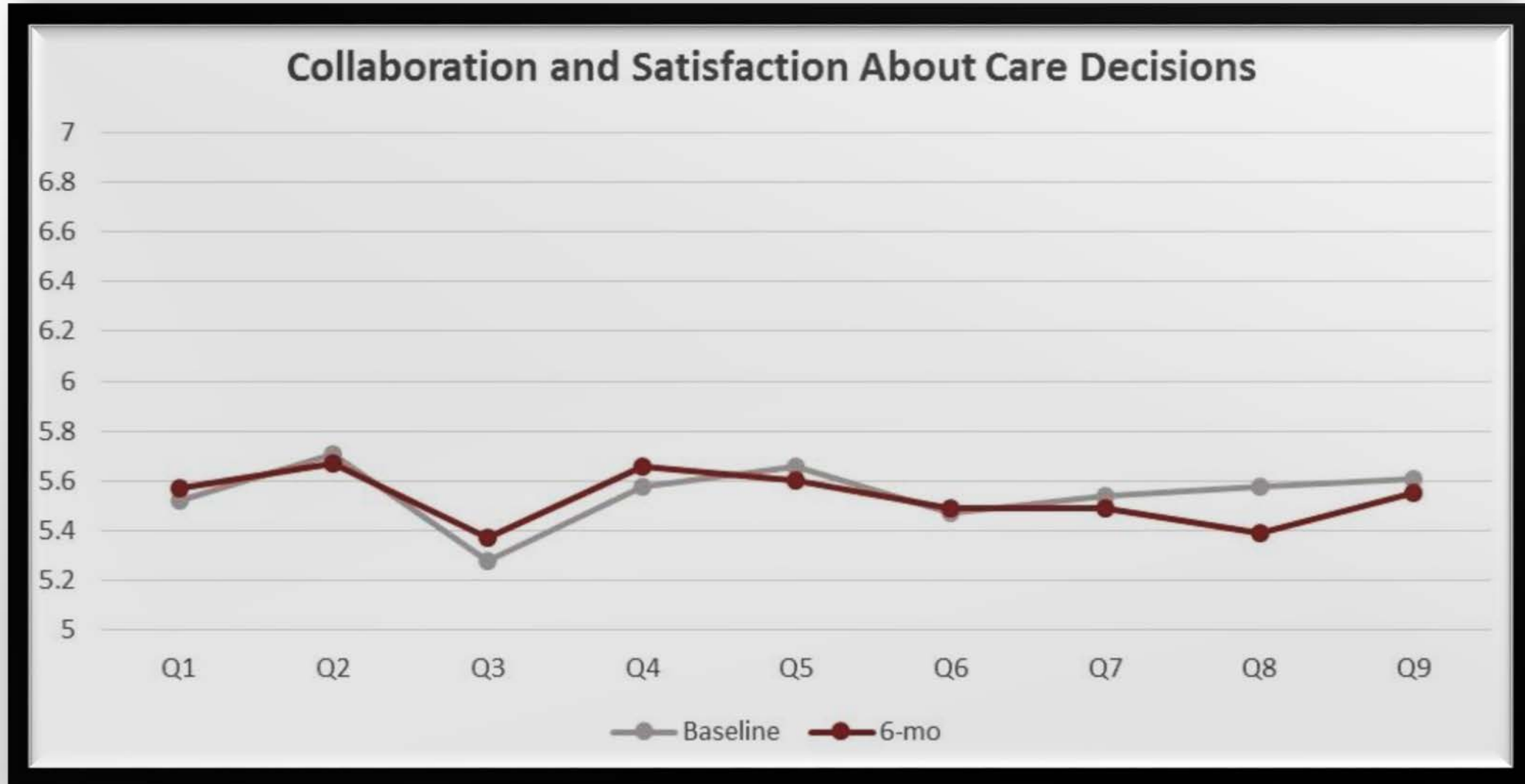


Safety Organizing Scale (SOS) Results





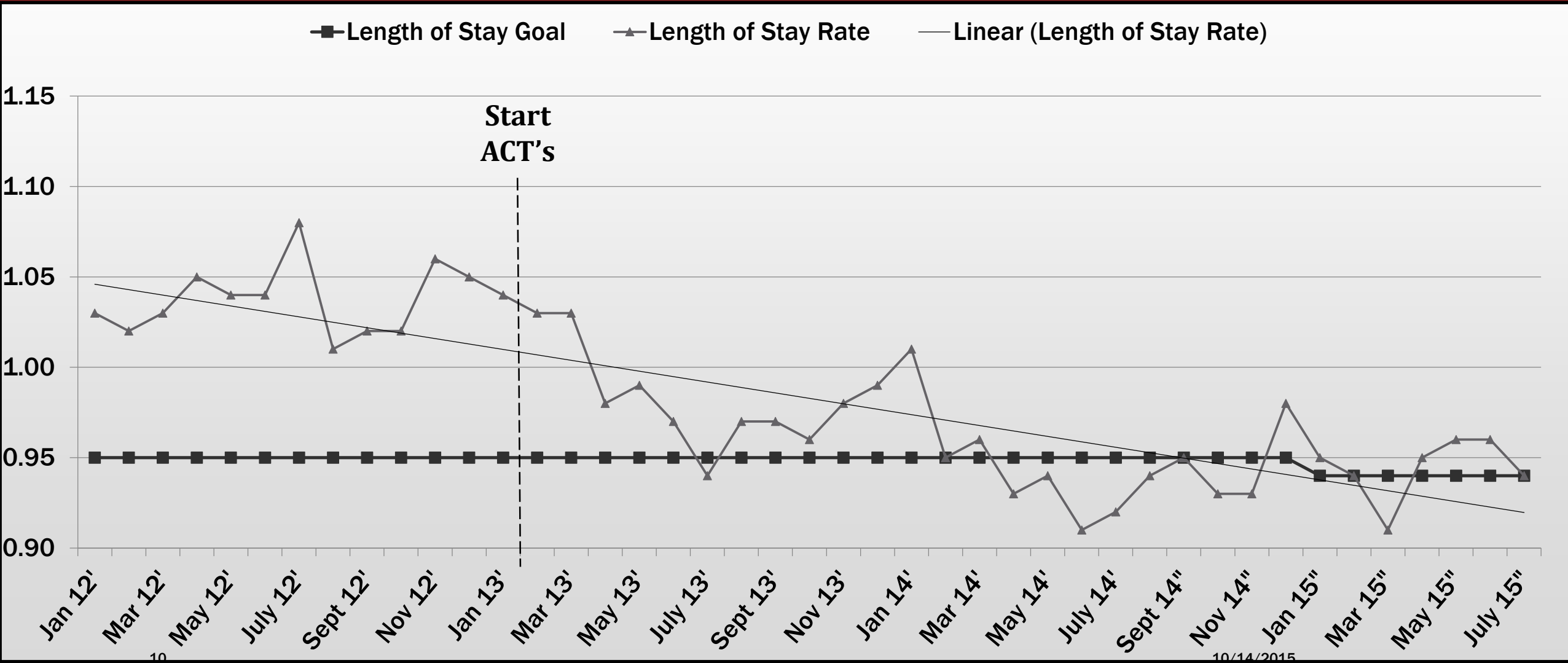
Collaboration and Satisfaction About Care Decisions (CSACD) Results





Indiana University Health – Methodist Hospital

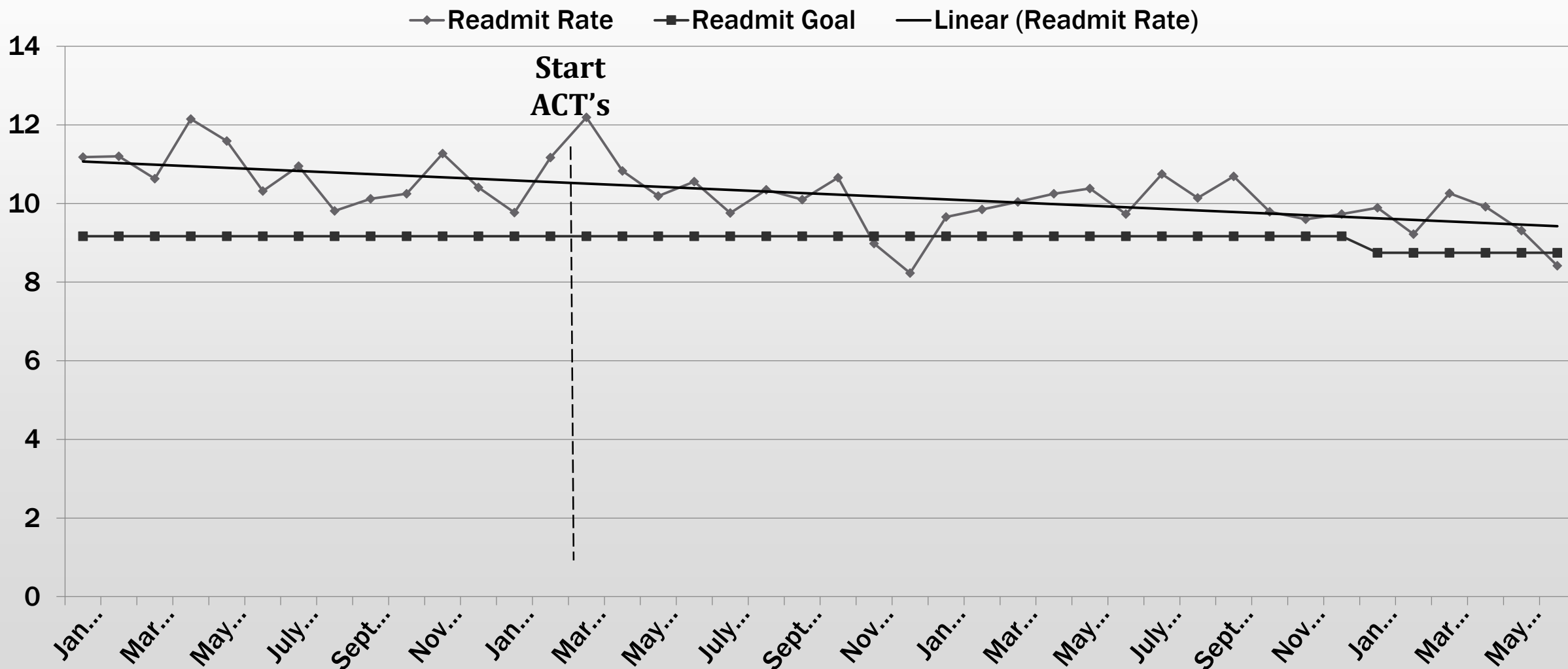
Length of stay index





Indiana University Health- Methodist Hospital

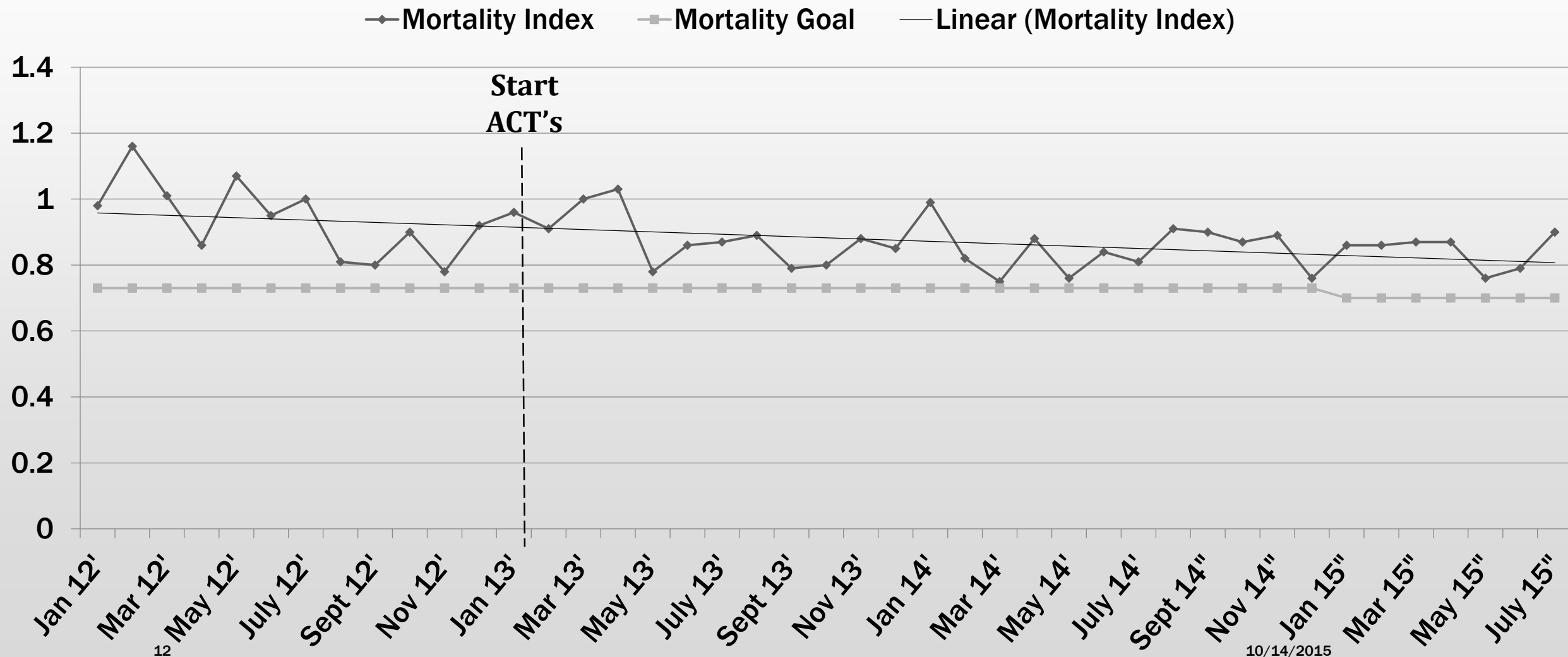
Readmission rate





Indiana University Health – Methodist Hospital

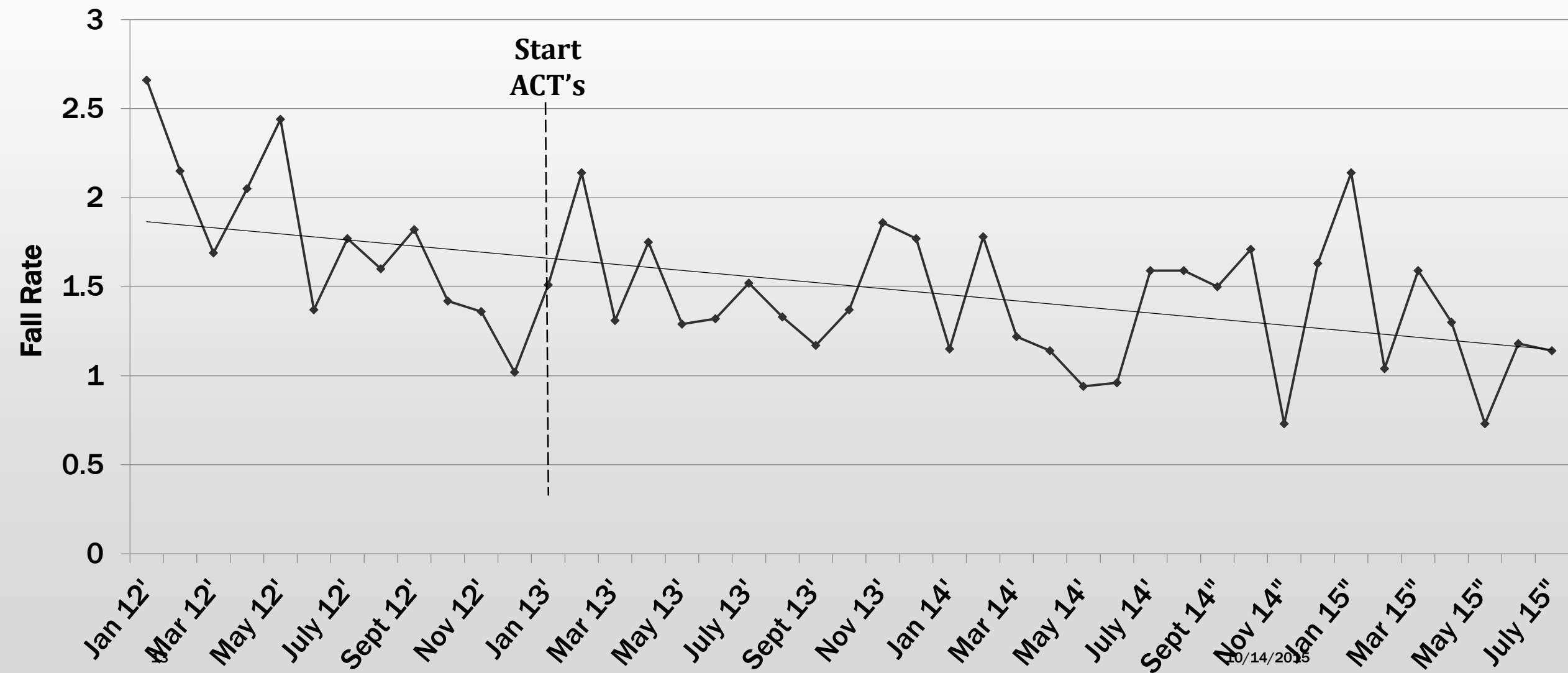
Mortality index





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Falls per 1000 patient days





Grant Objective 3: Developing Nursing Leadership for IPCP



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3) Develop emerging nurse leaders prepared to practice in IPCP environments through a nursing leadership program at IUSON.





Grant Objective 4: Embedding Learners in IPCP



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4) Students in IUSON and IUSM (as well as various others) participate in clinical learning with a focus on experiencing interprofessional practice relationships.



Quotes from students:

“I like to see what the medical student looks for when assessing the patient. I have never worked with a medical student on that level before.”

~Nursing student

“We were able to see things we normally don’t get to see and appreciate the things the nurses do, and vice versa. They got to see what we do and appreciate those things as well.”

~Medical student



KEY REFERENCES:

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